

SCALED FAMILY ASSESSMENT TOOLS

Objective:

To assess a family's strengths and needs in order to develop shared goals, and to determine the level of support needed.

Intended Use:

Scaled Family Assessment Tools provide a quantifiable way to assess a family's needs and strengths, and review progress toward goals. The scaled tools also allow programs to track cross-family trends, in order to assess communal service needs, as well as agency-wide success in helping families achieve goals.

Audience:

- Agency leadership: To track cross-family trends, service needs, and staff competencies
- Agency managers: To help workers triage families, and track progress toward goals
- Family workers: To provide quantitative data on family strengths and needs, determine level of support needed, and track progress toward goals.

Outcome:

- Strengthen agency and staff ability to identify families in greatest need of support
- Improve ability to track progress in helping families achieve goals
- Provide data to track cross-family trends
- Provide data to support agency quality assurance activities

Context:

A good assessment is the first step in building a relationship with a family. While the questions in an assessment tool provide a structure, the focus should be on conducting a dialogue that helps build trust and understand the family's strengths, needs and goals.

A well-done assessment of a family's strengths and needs, coupled with an assessment of the strengths and risks of the neighborhood and community in which the family lives, provide the foundation for strengthening the environment in which young children grow. Assessment is not a static, one-time event. Rather, it is an ongoing process, re-done at midpoints and at the end of a family's participation in a program. Informally, family workers are constantly assessing new information—taking what they learn through their relationship with a family and applying it to support the family's goals.

The best assessments are the ones in which all family members play a role in identifying both

risks and strengths, and in planning and implementing strategies for improvement. Assessment tools that have been tested for reliability and validity are recommended.

The assessment tool included here allows assessment of strengths and risks on a numerical scale, including comparisons across time, as well as across families. Scaled assessment tools are sometimes off-putting to workers, who may feel that they are "grading" families. It is helpful for workers to understand that the scaling systems strengthen their ability to track progress and identify those in greatest crisis—and can thus make it easier for them to support families.

Tips for the Family Worker

- Clarify shared goals
- Take the time to get accurate information
- Make the process both user-friendly and credible
- Keep expectations realistic
- Treat families as you would expect to be treated

The Tiered Case Management Guide is used following the family assessment. It will help the worker identify the appropriate level of support a family needs.

The Process

A family assessment is best conducted in a comfortable environment, and after a relationship has been established between the worker and the family. Home visits are preferred by some programs, but some families are not comfortable having workers in their homes.

The tool is not a rigid set of questions and answers but a guide for sharing information. The worker should begin by explaining the importance of the assessment to the family as well as to the program, emphasizing that the relationship will be supportive. The worker can take brief notes during the assessment, filling out the details back at the office. Let the family help set the pace of the assessment. If the family shares information in a different sequence than the tool, make notes and move forward. Sometimes the family may not want to complete the assessment all at once. The worker can always return to complete it later. The scoring of the tool is not to be done in front of the family; instead, it is a guide for you to establish the initial level of service and case management.

FAMILY PARTNERSHIP PLAN		Family Name: _____	Advocate: _____
Assessment of Strengths, Capabilities, & Needs		Child's Name: _____	Date: _____
<p>INSTRUCTIONS: Complete this assessment using information obtained from the family, staff observation and knowledge, and/or other existing family plans. Strengths and needs identified should be used to develop family goals and as a basis for determining how support is provided for the family. This form highlights strengths, needs, and capabilities commonly noted when working with families. This Family Partnership Plan should be individually tailored by adding observations and other information that pertain to the uniqueness of the family.</p>			
AREA & DIRECT INFORMATION		CAREGIVER SCORE	SCORING GUIDANCE
		Beginning of Year	End of Year
1. EDUCATION:			Please note: The score assigned should represent the family's current status as closely as possible. A family does not have to meet all of the bullet points in a given category to receive that score.
What level of education have you completed or are currently enrolled in? Please specify grade level completed, or note GED, High School Diploma, College Degree, or any college credit obtained.		1 1.5 2 2.5	<ul style="list-style-type: none"> • Post-secondary education or training • Positive attitude toward learning • Sets and pursues long-range career and educational goals • Can pursue educational or personal development goals without additional resources or support
Do you have plans to pursue any educational or career related goals? <input type="checkbox"/> No <input type="checkbox"/> Yes		3 3.5	<ul style="list-style-type: none"> • Considering personal education needs and options • Less than 9th grade education • Can set and pursue education goals with assistance • Has knowledge of and access to resources to enhance personal development or education
If yes, What do you have planned and when?		4 4.5	<ul style="list-style-type: none"> • Less than 6th grade education • Does not consider learning a priority • Does not or cannot set or pursue systematic career and personal education goals • Very limited ability to participate in educational or personal development goals
Is there anything we can do to help you reach your educational goal?		5	<ul style="list-style-type: none"> • Little to no formal education; • No interest in or access to remedial education • Unable to participate in educational activities • Pursuing educational or personal development goals not feasible
If you had to tell your child(ren) one thing about learning, what would you say? <hr/> <hr/> <hr/>			

COMMENTS/NOTES:

AREA & DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
	Beginning of Year	End of Year	
2. EMPLOYMENT: What type of skills, interests, or talents do you have? What do others say you do well?	1 1.5 2 2.5 3 3.5 4 4.5 5	1 1.5 2 2.5 3 3.5 4 4.5 5	<ul style="list-style-type: none"> • Currently employed in a stable job • Current job has a benefit package • Solid skills and confidence in skills • Currently not interested in employment by choice (job not needed or not feasible) <ul style="list-style-type: none"> • Has marketable skills • Has some benefits • Employment potential for advancement • Currently or recently employed or unemployed by choice (not needed or feasible) <ul style="list-style-type: none"> • Learning or willing to learn more marketable skills as needed • History of seasonal or temporary employment • Inadequate hours, benefits, stability, limited advancement potential • Actively seeking employment <ul style="list-style-type: none"> • Minimum job skills • No benefits, not sure where to find next job • History of performance problems at work • No career plans, employment needed <ul style="list-style-type: none"> • Unemployed no leads for job • No positive work history • No interest in employment or unable to work due to emotional/physical status • Employment greatly needed
Are you currently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where? How long? If not employed, do you wish to obtain employment, or do you need assistance with job skills? Employment: Skills: Are other members of the household employed? If yes, please indicate who: Where is he/she employed? What other types of work have you done in the past? What have you liked or not liked about the work you have done?			<p>*****</p> <p>COMMENTS/NOTES:</p> <p>*****</p>

AREA & DIRECT INFORMATION	CAREGIVER SCORE			SCORING GUIDANCE
	Beginning of Year	End of Year		
4. TRANSPORTATION:				
Do you have access to safe transportation?				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
What is your main source of transportation? Please circle response: own vehicle, vehicle of friend/family member, walking, bus or other public transportation	1	1	Has current driver's license • Auto is fully insured with comprehensive or adequate coverage • Has choice of transportation and/or access to transportation virtually all the time • Able to repair (or obtain repairs for) vehicle when needed; vehicle is safe	
Do you have a current valid driver's license?	1.5	1.5		
<input type="checkbox"/> No <input type="checkbox"/> Yes				
If no, have there been problems with obtaining or keeping a license? Please explain:	2	2	Has license • Has basic insurance coverage • Has adequate driving record • Has and maintains own vehicle or other means of transportation	
In the state of Kentucky, it is a law that all children under 40 pounds be in a child safety seat while traveling. Do you need information about obtaining or correctly using a car seat for your child?	2.5	2.5	Generally has access to some form of safe transportation as needed • Has driver license but history of driving or license problems • Driving not a major concern or need • Minimal or lack of insurance	
Do you have auto insurance?	3	3	Does not have license • Is driving without license or without insurance or both • Unpaid parking tickets or has other legal issues related to driving • Does not have safe or reliable transportation or means to obtain it	
Do you need information about possible resources regarding safe driving practices or about insurance for your car?	4.5	4.5	Has revoked or suspended license; not insurable • No access to transportation for basic needs • No money to obtain transportation • Previously incarcerated for traffic violations	
<input type="checkbox"/> No <input type="checkbox"/> Yes				***** COMMENTS/NOTES: *****
Do you have auto insurance?	5	5		
<input type="checkbox"/> No <input type="checkbox"/> Yes				

AREA & DIRECT INFORMATION				SCORING GUIDANCE	
		CAREGIVER SCORE			
		Beginning Year	End of Year		
6. SPECIAL NEEDS/FAMILY SUPPORT:					
Do you have a child or family member with a disability or special need?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	1.5	1.5	<ul style="list-style-type: none"> Special needs family member cares for self as appropriate or family meets needs with little or no outside assistance. Family notes at least four sources of support and access support as needed Recognizes strengths and needs of family and works to build on strengths Emotional needs are few and are recognized as well as being met appropriately 	
How would you describe the need?		2	2	<ul style="list-style-type: none"> Special needs family member has areas of minor dependence that are necessary Family notes at least two sources of support and accesses support as needed Recognizes strengths of family Emotional needs are recognized and met appropriately 	
Is there something we could do to help meet that need?		2.5	2.5	<ul style="list-style-type: none"> Special needs family member relies on others for routine help; some emotional dependence Family notes at least one source of support Has difficulty recognizing strengths of family Family has three or more emotional needs not being met at the present time 	
Do you have people you can turn to when you need help, advice or just someone to listen?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	3	3	<ul style="list-style-type: none"> Special needs family member has minimal independent functioning; cannot live alone Family does not access support from others Does not recognize family strengths Emotional needs of family are numerous and are not being addressed 	
Who has been helpful to you in raising your child(ren) and/or coping with daily situations? (Check all that apply)		4	4	<ul style="list-style-type: none"> Special needs family member unable to function independently; cannot survive without outside help No sources of support are noted or recognized Family does not recognize family strengths and focuses on difficulties Emotional needs are overwhelming to the family 	
Parents	<input type="checkbox"/>	4.5	4.5	<ul style="list-style-type: none"> Spouse/Partner Other Agencies Head Start 	
Friends	<input type="checkbox"/>	5	5	<ul style="list-style-type: none"> Other Family Members Day Care Neighbors Others 	
Other Family Members	<input type="checkbox"/>				
Church	<input type="checkbox"/>				
Counselor	<input type="checkbox"/>				
No One Noted	<input type="checkbox"/>				
What are some of your family's strengths?					
Are there specific emotional health needs that we might be able to help with?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
If yes, please specify:					
Comments/Notes:					

AREA & DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
	Beginning of Year	End of Year	
7. FAMILY WELLNESS:			
Do you have access to total care for adult members of your family? (Vision, dental, medical, mental health services, etc.)	1 1.5	1 1.5	<ul style="list-style-type: none"> • Very attentive to health care issues • Report quality and accessible medical care • Wellness needs are being met and there seems to be preventative care • No history of alcohol/drug abuse
<input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, how are these needs met?	2	2	<ul style="list-style-type: none"> • Adequate medical and physical care provided • Wellness needs are being met as they occur • Several medical problems noted and are being addressed • No history of alcohol/drug abuse
Does your child(ren) have a doctor/medical care available when he/she is ill?	2.5 3	2.5 3	<ul style="list-style-type: none"> • Family reports inadequate or inaccessible health care • Wellness needs not met in a timely manner • Numerous medical problems noted some of which are not being addressed • Suspected or reported drug abuse in the past
<input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, who?	3 3.5	3 3.5	
Is your child (or children) covered by some type of medical plan such as a medical card, KCHIP, or private insurance?	4 4	4 4	<ul style="list-style-type: none"> • Minimal attention to medical/physical care • Generally inadequate care; or requires extensive care • Medical problems noted are severe; potentially harmful • Suspected or reported history of drug/alcohol abuse, and possible current usage
<input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, please specify type of coverage:	4.5 5	4.5 5	
(If eligible, but not currently covered, ensure that the family receives, completes and returns a KCHIP application)			<ul style="list-style-type: none"> • Child(ren)'s health is endangered • Medical problems are not being addressed; no care is being received • Home environment does not promote healthy living • Suspected or reported history of drug/alcohol abuse in the past and possible current usage
Are there current concerns about alcohol/drug use for you or anyone in your household?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Have you or other persons in your household participated in treatment for drugs and/or alcohol in the past year?	<input type="checkbox"/> No <input type="checkbox"/> Yes		

 COMMENTS/NOTES:

AREA & DIRECT INFORMATION		CAREGIVER SCORE		SCORING GUIDANCE
		Beginning of Year	End of Year	
8. FAMILY FINANCES:	Sometimes families have a hard time getting by on the money available. Please answer yes or no to the following:			
_____ I am able to pay bills on time	1	1	1	• Sufficient income to meet needs and allow for "extras" and/or can save money
_____ I know how to budget my money	1.5	1.5	1.5	• Keeps track of expenditures, or has a budget • Stable, steady income • Consistently pays bills on time
_____ It is difficult to meet basic needs (food, clothing)	2	2	2	• Sufficient income to meet basic needs • Attempts to budget money • Typically pays bills on time • Is able to save money
_____ I have a lot of debt	2.5	2.5	2.5	
_____ I have good credit	3	3	3	• Minimally adequate income • Is not able to save money • Not able to make timely payments on a routine basis • No budget or financial plan in place
_____ I am not able to get credit	3.5	3.5	3.5	
_____ I have no credit	4	4	4	• Occasionally able to meet basic needs • No credit or poor credit • Overwhelming debt load • Relies on others for financial assistance
_____ I am able to save some money	4.5	4.5	4.5	
_____ I have a checking account	5	5	5	• Little or no money • Cannot meet basic needs • Is not able to pay bills • Has had legal problems due to finances
_____ I have a savings account				*****
_____ There is extra money for "wants" (aside from basics)				*****
_____ I think my income will increase in the next year				*****
_____ I have a reliable source of income				*****
_____ I have to rely on others for financial assistance				*****
Do you or your family have other financial needs at this time?				
	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
If yes, please specify:				
Would you like information about reducing debt?				
	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Would you like information about credit counseling?				
	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
COMMENTS/NOTES:				

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		Beginning of Year	End of Year	
9. CHILD CARE:				
How are children being cared for? <i>(Please circle appropriate response)</i>				
Head Start	School	Home		
Day Care	Family/Relative Home			
Combination (Circle all that apply)				
Other (Please specify):				
Do you feel your child has quality, affordable childcare?				
	<input type="checkbox"/> No <input type="checkbox"/> Yes			
If no, what are your concerns?				
What would make childcare easier for your family?				
Do you have friends/family members who can "pitch in" if you need last minute childcare?				
	<input type="checkbox"/> No <input type="checkbox"/> Yes			
Families sometimes have a difficult time finding childcare. <i>(check all that apply)</i>				
I know what to look for in a good childcare provider				
_____ I have several childcare choices available				
_____ I do not need to use additional childcare				
_____ I am not able to afford childcare				
_____ Finding quality childcare is difficult				
_____ I need full day child care				
_____ I need second, or third shift child care				

AREA & DIRECT INFORMATION	CAREGIVER SCORE		SCORING GUIDANCE
	Beginning of Year	End of Year	
10. PARENTING:	1	1	<ul style="list-style-type: none"> • Consistent, observable, age appropriate parenting practices • Enjoys being a parent & seems confident in skills • Understands child's needs and provides accordingly • Children know they are loved, and are shown affection
Which of the statements below do you agree with regarding parenting? (Check all that apply)	1.5	1.5	<ul style="list-style-type: none"> • Reasonably consistent, age appropriate parenting practices • Has an understanding of child's needs and attempts to meet them. • Children know they are loved • Appears to have an effective method of discipline
____ I feel I am a good parent	2	2	
____ I know and understand my child's needs			
____ I have a consistent method of discipline			
____ We have daily routines in our home	2.5	2.5	
____ I enjoy being a parent			
____ We have family rules	3	3	<ul style="list-style-type: none"> • Some daily routines • Inconsistent or ineffective discipline methods • Unsure of parental role • Some understanding of child's needs or development
____ My child has other adult role models in his/her life			
____ My child enjoys being at home	3.5	3.5	
____ I feel comfortable showing affection to my child			
____ My child knows he/she is loved	4	4	<ul style="list-style-type: none"> • Minimal routines in the home • Discipline methods seem to be inappropriate • History of parental problems • Little understanding of child development or needs
Do you have concerns about your child's behavior?			
____ No <input type="checkbox"/> Yes	4.5	4.5	
If yes, please explain:			
How are children disciplined at home?	5	5	<ul style="list-style-type: none"> • No routine or consistency • History of serious parental problems • Discipline is rigid, harsh or extremely permissive • No understanding of child development or needs
What is the most difficult part of parenting for you?			
Do you have parenting concerns?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, please explain			

AUDUBON AREA HEAD START FAMILY ASSESSMENT SCORING

FAMILY NAME: _____	CHILD'S NAME: _____
FAMILY NAME: _____	DATE ASSESSMENT COMPLETED: _____
INITIAL ASSESSMENT SCORE: _____ *****	SERVICE LEVEL: _____ *****
FAMILY ADVOCATE: _____	DATE ASSESSMENT COMPLETED: _____
END OF YEAR ASSESSMENT SCORE: _____ *****	SERVICE LEVEL: _____ *****
SCORING CATEGORIES	
SCORE	LEVEL
10-14	LEVEL ONE
15-20	LEVEL TWO
21-30	LEVEL THREE
31-40	LEVEL FOUR
41-50	LEVEL FIVE

*Families scoring in level five require weekly contact

Notes

TIERED CASE MANAGEMENT GUIDE

Considerations	Service Level One	Service Level Two	Service Level Three	Service Level Four	Service Level Five
Known, Observed, Expressed Needs	Few needs observed. Family is able to meet own needs with little or no outside help.	Needs are minimal. Family requires help with needs only on occasion.	Extended need noted in at least one area. Moderate assistance is required to meet needs.	Extensive needs noted in two or more areas. Needs may be basic in nature; frequent assistance is required.	Numerous needs noted which require active, intensive support. Likely “crisis” level of functioning and/or safety needs noted.
Family Strengths; Goal Work	Family recognizes and uses strengths and capabilities.	Family recognizes strengths, but does not appear to use them consistently.	Some recognition of strengths, but family requires consistent support to make use of strengths.	Rarely acknowledges strengths. Consistent obstacles prevent family from using strengths.	Family requires ongoing support to develop/use strengths. Consistent difficulties deter family from strengths focus.
Parenting Skills	Enhanced parenting skills with self-directed supervision of children.	Basic parenting skills are in place; supervision of children is appropriate.	Some basic skills; however, methods and supervision are inconsistent.	Skills not apparent. Supervision of children is not consistently adequate.	Requires assistance with most basic parenting skills. Supervision of children is a safety concern.
Community and Family Supports	Strong network of support exists outside of Head Start staff.	Adequate network of support is present; may include staff.	Adequate support network is available, but is not used effectively.	Support not available on a consistent basis or family requires assistance accessing support.	Absence of support or need for numerous supports that include professional services.
Risk Factors	No risk factors noted, or are being handled effectively. No suspected violence.	Minimal risk factors present. No violence or history of violence.	At least two risk factors present that require assistance. History of violence.	Several risk factors present or suspected. Recent violent situations. Assistance required often.	Numerous risk factors noted/suspected. Ongoing assistance needed. Current violent behavior or history of violent behavior.
Life Concerns	Able to manage or resolve any difficulties without “outside” assistance.	Recognizes difficulties and can resolve them with self-initiated help.	Recognizes difficulties and makes attempts to resolve. Requires aid in seeking help.	Some recognition of difficulties and inconsistent attempts at resolution. Help needed often.	Rarely recognizes difficulties. Few or ineffective attempts at resolution. Likely needs several avenues of help.

Notes